

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)						SERIAL NO. 10/070999	FILING DATE
						APPLICANT(S)	
<i>1/12/2001 CLAIMS</i>							
LINE	IND.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND.	DEP.
		IND.	DEP.	IND.	DEP.		
1		1		1			
2		1		1			
3		1		1			
4		1		1			
5		1		1			
6		1		1			
7		1		1			
8		1		1			
9		1		1			
10		1		1			
11		1		1			
12		1		1			
13		1		1			
14		1		1			
15		1		1			
16		1		1			
17		1		1			
18		1		1			
19		1		1			
20		1		1			
21		1		1			
22		1		1			
23		1		1			
24		1		1			
25		1		1			
26		1		1			
27		1		1			
28		1		1			
29		1		1			
30		1		1			
31		1		1			
32		1		1			
33		1		1			
34		1		1			
35		1		1			
36		1		1			
37		1		1			
38		1		1			
39		1		1			
40		1		1			
41		1		1			
42		1		1			
43		1		1			
44		1		1			
45		1		1			
46		1		1			
47		1		1			
48		1		1			
49		1		1			
50		1		1			
TOTAL IND.	1		1		1		
TOTAL DEP.	15	15	15	14	14		
TOTAL CLAIMS	10	10	10	10	10		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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